

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AW</i>	<i>08904</i>	<i>6/13/00</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>6/2/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>10571</i>	<i>6/4/00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	4/22/03
2	10/20/03
3	3/3/04
4	8/3/04
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15	
16	✓
17	✓
18	✓
19	✓
20	✓
21	0
22	0
23	0
24	0
25	0
26	✓
27	✓
28	✓
29	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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